

Southeast Nebraska Disaster Volunteer Program

For Additional Information: (402) 441-4358

www.region5resources.net

Please Return Form to: Region V Systems

Attn: Theresa Gomez

1645 N Street, Suite A

Lincoln, NE 68508

Fax: 402-441-4335

Personal Information (Please Print):

(The above information may be used to conduct a background check. Your information will be kept confidential.)

Name: First Middle Last			Date / /		
Street Address (Include Apartment #)			City	State	Zip
County	Mailing Address (If Different From Above)	Home Phone () -	Mobile Phone () -	Work Phone () -	
Fax () -	Email Address			Ethnic Group (Optional): <input type="checkbox"/> African American <input type="checkbox"/> White <input type="checkbox"/> Hispanic <input type="checkbox"/> American Indian/ Alaskan Native <input type="checkbox"/> Asian/ Pacific Islander <input type="checkbox"/> Other	
Occupation:		Place of Employment:			
Are you 19 years of age or older? <input type="checkbox"/> No <input type="checkbox"/> Yes		Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female			

Counties Willing to Serve:

<input type="checkbox"/> All	<input type="checkbox"/> Gage	<input type="checkbox"/> Lancaster	<input type="checkbox"/> Pawnee	<input type="checkbox"/> Saline	<input type="checkbox"/> Thayer
<input type="checkbox"/> Butler	<input type="checkbox"/> Jefferson	<input type="checkbox"/> Nemaha	<input type="checkbox"/> Polk	<input type="checkbox"/> Saunders	<input type="checkbox"/> York
<input type="checkbox"/> Fillmore	<input type="checkbox"/> Johnson	<input type="checkbox"/> Otoe	<input type="checkbox"/> Richardson	<input type="checkbox"/> Seward	<input type="checkbox"/> Other: _____

Affiliation with any other volunteer agencies, first responder agencies, or hospitals:

<input type="checkbox"/> Local American Red Cross Disaster Mental Health (DMHS) <input type="checkbox"/> Local American Red Cross <input type="checkbox"/> Local Hospital or Clinic Please list name: _____	<input type="checkbox"/> National American Red Cross Disaster Services Human Resources System (DSHR) <input type="checkbox"/> Nebraska Critical Incident Stress Management Team <input type="checkbox"/> Other _____
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Based on qualifications, would you be interested in being part of the Southeast Nebraska Medical Reserve Corps?
If

you check yes, Volunteer Partners will contact you with additional information. ☐ Yes ☐ No

Specialization:

<input type="checkbox"/> Agriculture Work	<input type="checkbox"/> Homeless	<input type="checkbox"/> Older Adults	<input type="checkbox"/> Substance Abuse
<input type="checkbox"/> Children	<input type="checkbox"/> Minority Populations	<input type="checkbox"/> Physically Disabled	<input type="checkbox"/> Serious Mental Illness
<input type="checkbox"/> Developmentally Disabled	<input type="checkbox"/> Non-English Speakers	<input type="checkbox"/> Prisoners	<input type="checkbox"/> Other: _____

Volunteer Skills: Please check all that apply.

General Skills:

<input type="checkbox"/> Amateur Radio Operator <input type="checkbox"/> Bus/Truck Driver- Is your CDL license current? ___yes ___no <input type="checkbox"/> CPR - Is your CPR Card Current? ___yes ___no <input type="checkbox"/> Emergency Communications <input type="checkbox"/> First Aid - Is your First Aid Card current? ___yes ___no <input type="checkbox"/> Administration/ Office Skills	<input type="checkbox"/> Basic Clean-up Skills <input type="checkbox"/> CB Radio Operator <input type="checkbox"/> Child Care <input type="checkbox"/> Programmer <input type="checkbox"/> Data Entry <input type="checkbox"/> Computer Network Administration <input type="checkbox"/> Construction <input type="checkbox"/> Food Preparation <input type="checkbox"/> Heavy Equipment Operation	<input type="checkbox"/> Interpreter Skills Language (s): _____ <input type="checkbox"/> Law Enforcement/ Security <input type="checkbox"/> Mechanical Ability <input type="checkbox"/> Translation Skills Language (s): _____ <input type="checkbox"/> Waste Disposal <input type="checkbox"/> Counseling: Please check license below. <input type="checkbox"/> Other: _____
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(Over Please)

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<input type="checkbox"/> Animal Care / Rescue		
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Volunteer Skills Continued: Please check all that apply.

Nebraska Licenses or Certifications: Please check all that apply.

<input type="checkbox"/> Certified Master Social Worker <input type="checkbox"/> Provisionally Certified Master Social Worker <input type="checkbox"/> Certified Professional Counselor <input type="checkbox"/> Certified Social Worker <input type="checkbox"/> Licensed Alcohol and Drug Counselor <input type="checkbox"/> Provisional Licensed Alcohol and Drug Counselor <input type="checkbox"/> Licensed Mental Health Practitioner <input type="checkbox"/> Provisionally Licensed Mental Health Practitioner <input type="checkbox"/> Marriage and Family Therapist <input type="checkbox"/> Psychiatrist <input type="checkbox"/> Psychologist <input type="checkbox"/> Provisional Psychologist <input type="checkbox"/> Psychologist Assistant	<input type="checkbox"/> Physician <input type="checkbox"/> Physician Assistant <input type="checkbox"/> Advanced Practice Registered Nurse <input type="checkbox"/> Certified Nursing Assistant <input type="checkbox"/> Licensed Practical Nurse <input type="checkbox"/> Certified Registered Nurse Anesthetists <input type="checkbox"/> Registered Nurse <input type="checkbox"/> Nurse Practitioner <input type="checkbox"/> Nurse Aid <input type="checkbox"/> X-Ray Technician <input type="checkbox"/> Medication Aide <input type="checkbox"/> Epidemiologist <input type="checkbox"/> Microbiologist <input type="checkbox"/> Mortuary Service <input type="checkbox"/> Nutritionist <input type="checkbox"/> Phlebotomist	<input type="checkbox"/> Respiratory Therapist <input type="checkbox"/> Lab Technician <input type="checkbox"/> Pharmacist <input type="checkbox"/> Dentist <input type="checkbox"/> Clergy <input type="checkbox"/> Emergency Medical Technician (EMT) <input type="checkbox"/> EMT-Intermediate <input type="checkbox"/> EMT- Paramedic <input type="checkbox"/> First Responder <input type="checkbox"/> Commercial Driver's License <input type="checkbox"/> Veterinarian <input type="checkbox"/> Veterinarian Technician <input type="checkbox"/> Licensed Child Care Provider Other: _____
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* Please note that we will verify applicable License(s) via HHSS website. You may attach a copy now if you would like. *

Has your professional license ever been suspended, revoked, or disciplined?

<input type="checkbox"/> No	<input type="checkbox"/> Yes Please Explain: _____
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Are you board certified? ☐ Yes ☐ No Do you have prescriptive authority? ☐ Yes ☐ No

Emergency Volunteer Center (EVC) Roles: Each county, depending on the scale of a disaster, may set up an EVC to process additional volunteers. Please mark **ANY** roles in which you are willing to work at an EVC.

<input type="checkbox"/> Data Entry - Enter volunteer registration and agency requests for volunteers in database and create reports as needed. <input type="checkbox"/> Greeter - Greet volunteers, oversee registration paperwork and answer questions related to paperwork, manage waiting volunteers. <input type="checkbox"/> Identification Staff – Supply volunteers with identification badges. <input type="checkbox"/> Interviewer - Discuss completed registration forms with volunteers, determine their skills, interests and abilities, assign to appropriate positions. <input type="checkbox"/> Phone Bank Staff – Respond to requests for and from volunteers. <input type="checkbox"/> Safety Orientation - Provide new volunteers with a prepared safety orientation, as well as update them on current emergency activities. <input type="checkbox"/> Runner - Keep stations supplied, carry information from station to station, and escort volunteers to various stations.

Region V Systems is also developing a Volunteer Educator Program that will utilize community members with an interest in emergency and disaster preparedness. Volunteer Educators are trained to make presentation to interest groups and share information that will help educate and prepare our community. Are you interested? _____ Yes _____ No

Training: Please check all that apply.Disaster Related Training/Experience and **Date:**

<input type="checkbox"/> Community Emergency Response Team (CERT)	Date: _____	<input type="checkbox"/> Epidemiology	Date: _____
<input type="checkbox"/> FEMA Crisis Counseling Grant	Date: _____	<input type="checkbox"/> Bioterrorism	Date: _____
<input type="checkbox"/> Emergency Medical Technician (EMT)	Date: _____	<input type="checkbox"/> Psychological First Aid	Date: _____
<input type="checkbox"/> Critical Incident Stress Management Basic (CISM)	Date: _____	<input type="checkbox"/> American Red Cross	Date: _____
<input type="checkbox"/> Critical Incident Stress Management Advanced	Date: _____	<input type="checkbox"/> First Responder	Date: _____
<input type="checkbox"/> American Red Cross Disaster Mental Health	Date: _____	<input type="checkbox"/> Clergy	Date: _____
<input type="checkbox"/> Bloodborne Pathogens	Date: _____	<input type="checkbox"/> Other: _____	Date: _____
<input type="checkbox"/> National Incident Management System (NIMS) IS: _____	Date: _____		Date: _____

Have you ever been convicted of a felony (not traffic violations)?

<input type="checkbox"/> No	<input type="checkbox"/> Yes- Please explain, including dates: _____ _____
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Emergency Contact:

Name:		Relationship:		Home Phone: () -	
Mobile Phone: () -	Address:		City	State	Zip

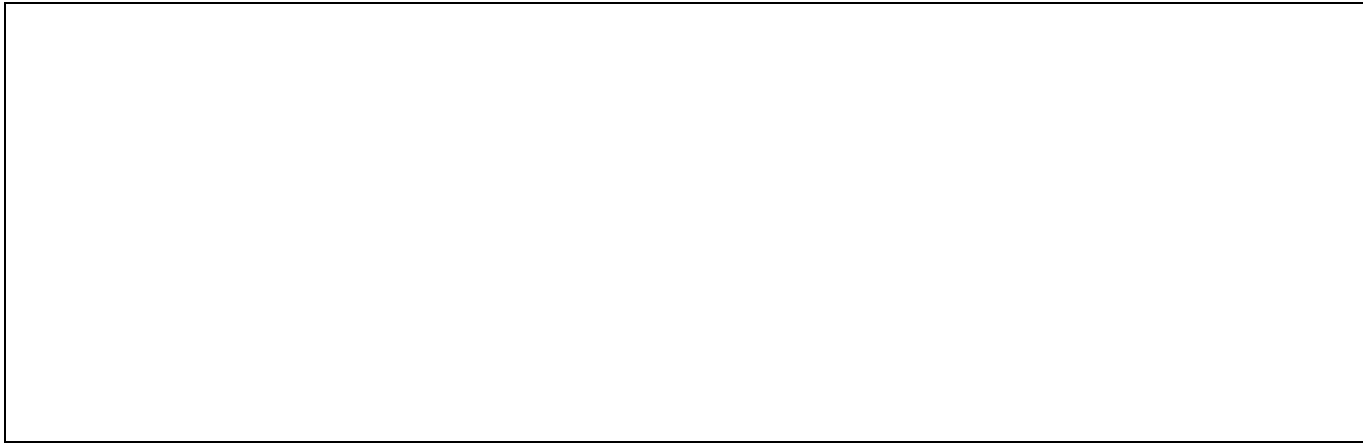
Do you have children or family members who would need care in the event you are activated? <input type="checkbox"/> No <input type="checkbox"/> Yes	If yes, can you make arrangements for a back-up in the event you are activated? <input type="checkbox"/> No <input type="checkbox"/> Yes
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How did you learn about this volunteer opportunity? _____

Any other information we need to know? _____

Release of Information:

<i>To the best of my knowledge, the information I have provided is accurate. I am providing my contact information to be part of a confidential database, maintained by public health departments, Volunteer Partners, and Region V Systems, to be used in the event of a disaster and to promote community preparedness. I acknowledge that public health departments, Volunteer Partners, Region V Systems, and/or Emergency Management may need to contact me periodically to maintain the accuracy of this information, inform me of training opportunities, or to test their communication plan's effectiveness. I authorize all of the above-mentioned entities to contact me, utilizing any or all of these methods, should the need arise, and I agree to release all of the above-named entities from liability arising from any volunteer service I may perform. I also authorize any of the entities mentioned above to conduct a background check on me with the information I have provided above.</i>	
_____ Signature	_____ Date
_____ Parent or Guardian Signature if under 19	_____ Date



Thank you for your assistance in this community-wide preparedness effort!!

This Disaster Responder recruitment is done in partnership with:

